City of Chandler Neighborhood Matching Grant Application

_____ _____ REPRESENTS_____

NAME OF NEIGHBORHOOD   YEAR(S) ORGANIZATION HAS BEEN ACTIVE   (APPROX.)   # OF HOMES

PRIMARY CONTACT FOR GRANT APPLICATION. MUST PHYSICALLY RESIDE IN NEIGHBORHOOD. (PLEASE PRINT)

_____

NAME   TITLE

Chandler
_____

ADDRESS   CITY   ZIP

_____

PREFERRED PHONE   ALTERNATE PHONE   E-MAIL

ADDITIONAL CONTACTS. AT LEAST TWO CONTACTS ARE REQUIRED.

_____

NAME   TITLE

_____Chandler_____

ADDRESS   CITY   ZIP

_____

PREFERRED PHONE   ALTERNATE PHONE   E-MAIL

_____

NAME   TITLE

_____Chandler_____

ADDRESS   CITY   ZIP

_____

PREFERRED PHONE   ALTERNATE PHONE   E-MAIL

ORGANIZATION BOUNDARIES. IDENTIFY BY STREETS, INCLUDING WHICH SIDE OF THE STREET INCLUDED IN BOUNDARIES (I.E. SOUTH SIDE OF EAST GALVESTON ST.) PLEASE INCLUDE A MAP IF YOU HAVE IRREGULAR BOUNDARIES.

NORTH: _____   SOUTH: _____

EAST: _____   WEST: _____

TYPE OF ASSOCIATION:

___ Condominium / Townhouse Association   ___ Mobile Home Park Association

___ Neighborhood Association   ___ Homeowner's Association (HOA)

___ Neighborhood Block Watch

___ Other: _____

FUNDING REQUEST:

Cash match amount (if applicable) $_____

In-kind match amount (if applicable) $_____

Grant Request amount $_____

Total Project Value $_____

FORM CONTINUED

PROJECT INFORMATION

1. Please describe your project:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

2. How will neighbors be involved in this planning and implementing this project? Please include how the project chosen, and the process used to gather neighborhood support for the project (i.e. host neighborhood meetings, door-to-door surveys, etc.)?

_____

_____

_____

_____

_____

_____

_____

_____

_____

PROJECT INFORMATION

Project information (continued)

3. What specific issue(s) are you trying to address with this project? How will the proposed project will benefit the neighborhood?

_____

_____

_____

_____

4. Applicants must demonstrate financial need. Would you be able to complete this project without grant funds?

_____

_____

_____

_____

5. Who will be responsible for maintenance?

_____

_____

_____

_____

6. Has your neighborhood received grant money in the past? If so, please explain.

_____

_____

_____

7. Where is the location of your project? Please identify dimensions and include a photograph of the site.

_____

_____

_____

The project is located on: O   Public Right of Way   O   Private Property

NOTE: If your project is located on private property, you will need to include written permission from the owner. If you are proposing to make improvements to any city owned property, written approval must be provided with application for any work on city-owned property or the public right-of-way.

Project Plan and Timeline

Task	Person(s) Responsible	Expected Completion Date

PROPOSED VOLUNTEER HOURS

NAME:	PHONE	HOURS PLEDGED: _____
ACTIVITY:		

NAME:	PHONE	HOURS PLEDGED: _____
ACTIVITY:		

NAME:	PHONE	HOURS PLEDGED: _____
ACTIVITY:		

NAME:	PHONE	HOURS PLEDGED: _____
ACTIVITY:		

NAME:	PHONE	HOURS PLEDGED: _____
ACTIVITY:		

NAME:	PHONE	HOURS PLEDGED: _____
ACTIVITY:		

NAME:	PHONE	HOURS PLEDGED: _____
ACTIVITY:		

NAME:	PHONE	HOURS PLEDGED: _____
ACTIVITY:		

NAME:	PHONE	HOURS PLEDGED: _____
ACTIVITY:		

TOTAL VOLUNTEER HOURS PLEDGED: _____

In-kind Donation (Include cash donations, services, supplies, etc . . .)

Source	Description	Value/Amount
		$
		$
		$
		$
		$
		$
		$
Volunteer Hours (Hours x $10) .		$
Total		$

Contractor Bids—In order of preference

Name of Contractor (Please list in order of preference)	Brief Service Description	Estimated Expense (including tax)
Bid One:		$
Bid Two:		$
Bid Three:		$

Expense Worksheet

Item/Service Description	Sources	Estimated Expense (including tax)
		$
		$
		$
		$
		$
		$
		$
		$
Total		

Final Application Checklist

Before you submit your application for consideration, make sure your application is complete, have you:

- Contacted Neighborhood Programs to register your neighborhood.

- Received and reviewed the grant guidelines.

- Met with your neighbors to discuss project and garnered neighborhood support.

- Conducted and document neighborhood outreach efforts.

- Fully completed the application, in addition to submitting any special attachments you feel necessary for your project.

- Received three price quotes for work and materials.

NOTE: If this project is approved, the City will enter into an agreement with the grantee to ensure completion of the project, as described in this application.

The undersigned certifies that the information in this application is true and complete and has been provided for the purpose of obtaining financial assistance from the City of Chandler for the project described.

_____   _____

Signature   Date

_____

Neighborhood

For City Use Only:

        Approved for Funding   NOT Approved for Funding

Reviewed by NMGP Committee on	_____	
Grant Committee recommended funding?	Yes	No
Primary Contact was notified	Yes	No
Reviewed by Neighborhood Advisory Committee on	_____	
NAC Committee recommended funding?		
Primary Contact was notified	Yes	No
Reviewed by Mayor and City Council on	_____	
Mayor Council Approved funding?		
Primary Contact was notified	Yes	No
Date of Completion	_____	